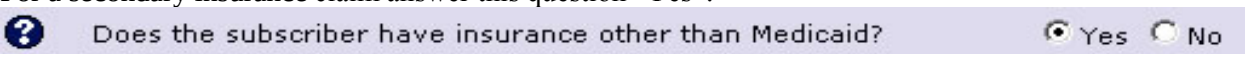
July 2013
Submitting Professional Cross-Over claims with Secondary Insurance Electronically to ProviderOne

The Health Care Authority - Medicaid offers a process for providers to submit crossover and secondary insurance claims electronically. The ProviderOne system has a Direct Data Entry (DDE) feature for submitting crossover claims with secondary insurance. The Agency also accepts and processes HIPAA-compliant electronic batch claims that contain all the required information along with Adjustment Reason Code(s) without sending the EOB. The **Medicare Advantage Plans** claims need to be submitted to the Agency as crossover claims, as these plans are NOT processed as commercial insurance.

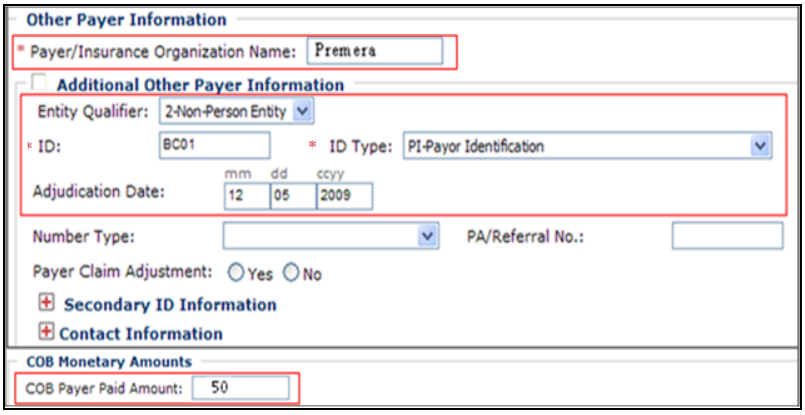
DDE claim – not sending the EOB:

A provider would log into their ProviderOne domain and use the **Claims Submitter** or S**uper User** profile. Go to the **Claims** option and click on the **Online Claim Entry** sub option, then pick *Professional claim*. Fill in the claim information boxes and answer all the questions required to submit a claim.

For a secondary insurance claim answer this question "Yes":



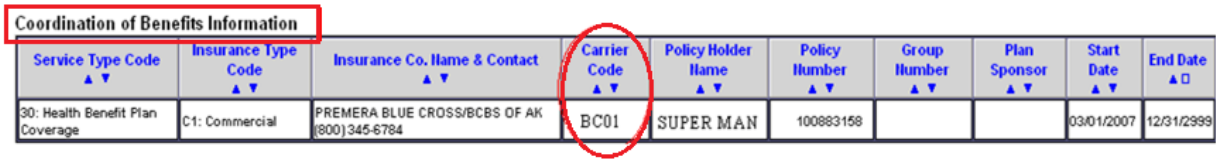
Clicking "Yes" opens the insurance information boxes. Expand the **Additional Other Payer Information** section and fill in the fields outlined in red:



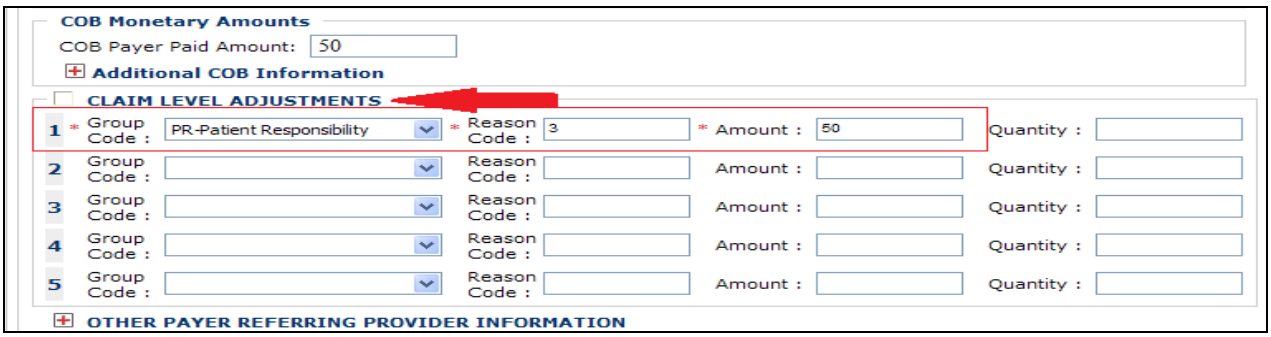
* Asterisk fields are required and other fields are informational.

- Add the name of the insurance company.
- Add the Entity Qualifier, insurance company ID number, ID Type and enter the process date off the EOB.
- Next enter the amount paid by the insurance in the COB Payer Paid field. If the insurance applied to deductible enter a zero here. If the insurance denied the claim enter a zero here.

What is the **ID** number? Use the insurance company carrier code from the client eligibility check, the insurance payer number, or other insurance ID number. Use the same number in all **ID** fields.



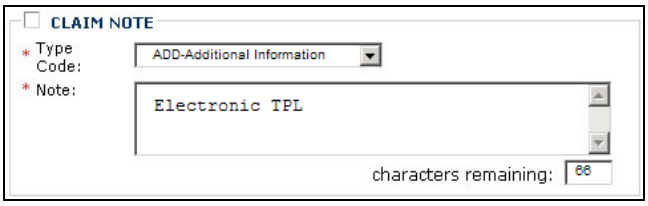
After entering the COB paid amount scroll down the page to the **Claim Level Adjustments** expander and open this section:



Now enter the following off the insurance EOB:

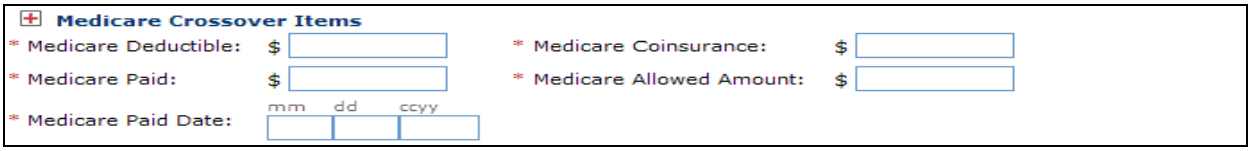
- Group Code
- Reason Code (HIPAA reason code only)
- Dollar amount

Scroll down the page and add the <u>required</u> Claim Note "**Electronic TPL."** With this claim note the Agency will not wait for an insurance EOB but will look in the claim system for the insurance information.

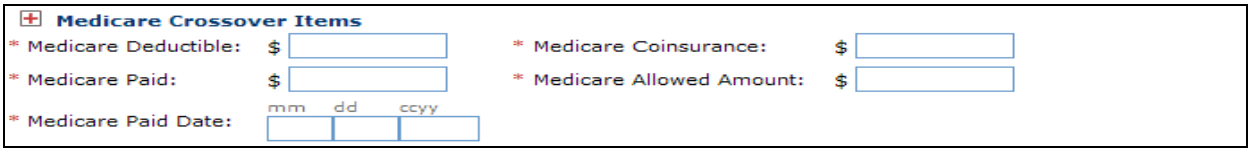


Now answer the Medicare Crossover question with "Yes":

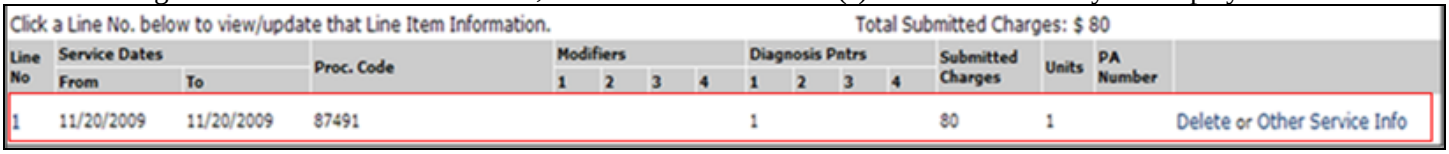
Then fill in the totals of the Medicare data.



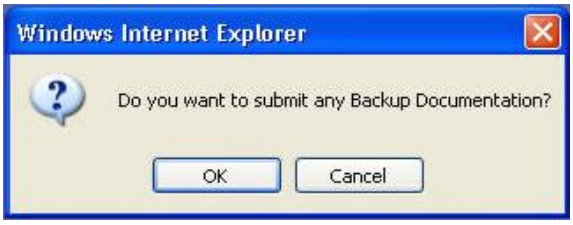
Finish entering all the claim information, then fill out the **Basic Service Line Item** information boxes for each line on the claim. 5010 updates require the Medicare data for each line to be entered at line level also.
Clicking "Yes" opens the Medicare information boxes for completion in the Basic Service Line Items section. Complete for each line of service:



After entering all the service line information, add the service line item(s) to the claim so they are displayed.



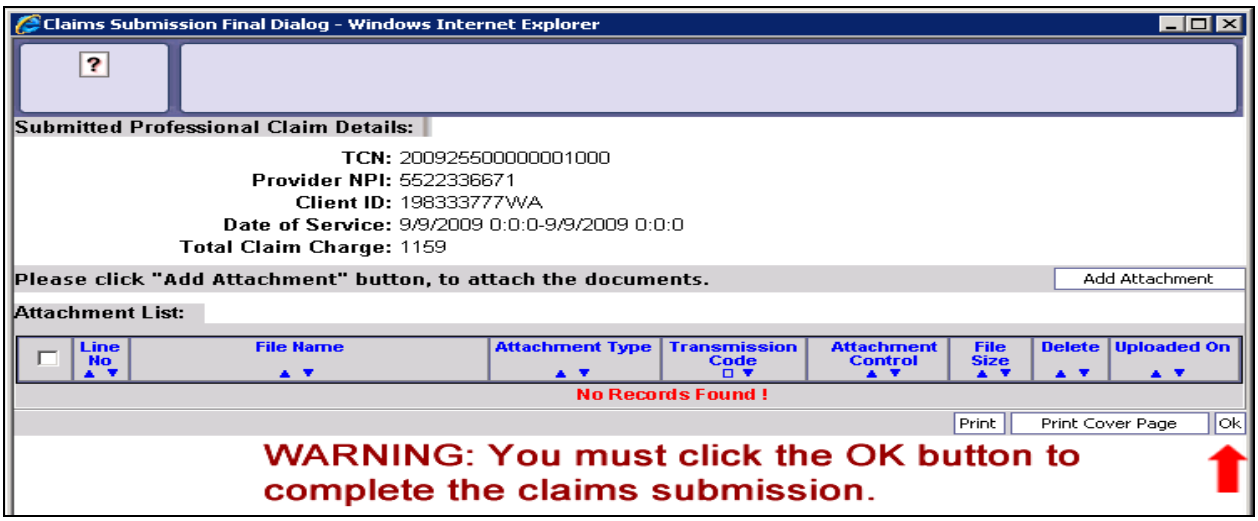
All insurance information, Medicare information and claim data is now added to your claim so click on the Submit Claim button to submit the claim.



Since all the insurance and Medicare information has been entered already when you get the pop up screen asking if you are sending back up documents, just click on the **Cancel** button.

You do not have to send the insurance or Medicare EOB with claims entered using this method!

Remember you must click the final **OK** button to submit the claim!



NOTE: Split paid lines into a crossover claim and the denied lines into a non-crossover claim depending on how Medicare processed the claim. Also use this method to submit a claim when all services were paid by Medicare but denied by the insurance company.

HIPAA batch claims:

Providers can send batch E-claims to the Agency if they are HIPAA-compliant claims with all our required data elements. On the secondary insurance claims you MUST add the comment "**Electronic TPL**" to the claim.
Contact hipaa-help@hca.wa.gov for detailed information.
HIPAA information can be found at: http://hrsa.dshs.wa.gov/dshshipaa/
Visit our Provider web site home page at http://www.hca.wa.gov/medicaid/Provider/Pages/index.aspx

Complete step-by-step instructions for submitting DDE claims can be found in the *ProviderOne Billing and Resource Guide*: http://www.hca.wa.gov/medicaid/provider/Pages/providerone_billing_and_resource_guide.aspx .